

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155689		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/27/2015	
NAME OF PROVIDER OR SUPPLIER COURTYARD HEALTHCARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 2400 COLLEGE AVE GOSHEN, IN 46526			
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F000000	<p>This visit was for the Investigation of Complaint #IN00163088.</p> <p>Complaint #IN00163088 - Substantiated. Federal/State deficiencies related to the allegation are cited at F-323.</p> <p>Survey dates: January 26 & 27, 2015</p> <p>Facility number: 000091 Provider number: 155689 AIM number: 100290080</p> <p>Survey team: Shauna Carlson, RN - TC Pamela Williams, RN Amy Miller, RN</p> <p>Census bed type: SNF: 14 SNF/NF: 148 Total: 162</p> <p>Census payor type: Medicare: 13 Medicaid: 106 Other: 43 Total: 162</p> <p>Sample: 3</p>			F000000	<p>Please accept this Plan of Correction as our facility's Credible Allegation of Compliance for our Recertification and State Licensure with Complaint Survey conducted on 1/27/2015. Submission of this Plan of Correction is not an admission by Courtyard Healthcare Center that the deficiencies alleged in the survey are accurate or that they depict the quality of nursing care and services provided to the residents of our facility. This Plan of Correction is being submitted solely because doing solely because it is required by State and Federal law.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F000323 SS=D	<p>This deficiency reflects state findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality Review completed on February 3, 2015, by Brenda Meredith RN.</p> <p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. Based on interview and record review, the facility failed to provide adequate supervision and assistance while dining for 1 of 3 residents sampled. (Resident B)</p> <p>Finding includes:</p> <p>The clinical record for Resident B was reviewed on 1/26/15 at 1:45 P.M. Resident B's record indicated an admission date of 12/24/14. The diagnoses included, but were not limited to, "...dysphasia, paralysis agitans, muscle weakness, end stage renal disease on dialysis mon/wed/fri, diabetes, chronic pain syndrome, glaucoma, late effect</p>		F000323	<p><u>F323 FREE OF ACCIDENTS/HAZARDS/SUPERVISION/DEVICES</u> Facility will ensure that the resident environment remains as free of accidents, hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. Corrective action to be accomplished for resident found to be affected by the deficient practice: The affected resident was discharged and no longer resides at facility. How other residents having the potential to be affected by the same deficient practice will be identified and</p>		02/26/2015	

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	<p>cerebrovascular disease, previous stroke...."</p> <p>A Physician order indicated "...PT [physical therapy] / OT [occupational therapy] to eval [evaluate] and treat effective 12/24/14...."</p> <p>Resident B's care plans indicated "Focus: Resident is legally blind r/t [related to] glaucoma. Date initiated: 12/30/14...Interventions: anticipate needs...keep all items in rooms within reach along with in the same place...meds as ordered...."</p> <p>A Nursing Progress Note, dated 1-2-15 at 7:25 A.M., indicated "Nurses Note:...Resident was in dining room and spilled coffee in lap. Resident taken back to room no redness or warmth noted. Resident laid down. No complaints of pain....", signed by LPN (Licensed Practical Nurse) #3.</p> <p>A Nursing Progress Note, dated 1-2-15 at 9:27 A.M., indicated "Nurses Note:...Area where coffee spilled checked no redness noted at this time. No complaint of pain at this time....", signed by LPN #3.</p> <p>On 1-27-15 at 12:50 P.M., an interview was conducted with LPN #3. LPN #3</p>		<p>what corrective action(s) will be taken:</p> <p>All residents residing in the facility have the potential to be affected. An evaluation will be performed by either an LPN or an RN on every resident infacility to evaluate each resident's ability to eat and drink at their current level of assistance, and assess the need for changes to assistive devices or level of meal supervision and assistance. (Attachment A)</p> <p>An evaluation of all new residents will be performed by either an LPN or an RN to determine the level of assistance needed with eating and drinking. Each new resident will be evaluated for a total of three meals, in order to obtain a broad picture of how resident eats/drinks at different times of the day. (Attachment B)</p> <p>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</p> <p>Dining Room Procedure (Attachment C) was revised to provide more specific guidelines for CNAs and Nurses providing assistance to residents during meal service.</p> <p>Dining Room Procedure (Attachment C) was revised to provide more specific guidelines for Restorative Manager supervising staff providing assistance to residents who need either hands on assistance or</p>				

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	<p>indicated "...[Resident B] was on my hall...he was on dialysis 3 times a week, he would leave at 10 A.M., and usually not come back until after 6 P.M.. We sent him to the emergency room early morning on 1-3-15 for a temperature of 104.8 here and altered mental status...Earlier in the day there had been an incident in the main dining room where he spilled coffee on his groin area...They brought him to me and I immediately took him in his room, removed his pants and briefs, and assessed his skin for burns...I didn't see anything, it wasn't reddened or anything...I assessed him again 2 hours later before he left for dialysis that day and still didn't see anything...."</p> <p>On 1-27-15 at 3:20 P.M., an interview was conducted with the Executive Director (ED). The ED indicated he was aware of the incident of Resident B spilling coffee on himself. "...He ended up going to the hospital early the next morning for an unrelated issue...I believe he had pneumonia...I did not know he was blind...."</p> <p>On 1-27-15 at 3:45 P.M., an interview was conducted with the Medical Director. The Medical Director indicated she had been notified of Resident B's spills on 1-2-15 by LPN #3. "...she [LPN #3] told</p>		<p>verbal cueing during meals. Dining Room Timeline (Attachment D) was created to provide staff members a clear timetable for when they should be in the Dining Room and providing assistance. Nursing Staff Meal Procedure (Attachment E) was revised to provide more detailed instruction for Nursing staff who are assisting with meal services. All staff responsible for assisting with meal service will be educated regarding Dining Room Procedure and Dining Room Timeline. All nursing staff will be educated on revised Nursing Staff Meal Procedure. How will the corrective actions will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place: Director of Nursing, or her designee, will perform supervision /audit of meal service, including Restorative Dining. This will include ensuring that residents needing assistive devices, assistance to eat, supervision or cueing are receiving the appropriate devices and level of supervision and assistance. This supervision will take place according to the following timeline: 10 meals per week for a period of 2 weeks; then 5 meals per week for a period of 2 weeks; then 2 meals per week for a period of 1 month; then 1 meal a</p>				

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	<p>me his assessment was negative, so I didn't come look at him myself...I do know he was blind... they would have to help him with eating and drinking...."</p> <p>On 1-27-15 at 3:50 P.M., an interview was conducted with OT (Occupational Therapist) #5. OT #5 indicated OT had been requested to evaluate Resident B and see what kind of assistance he needed while eating. "...I did the evaluation with him on 12-30-14...He had right sided weakness...He was moderate assist, meaning he couldn't do a lot for himself. He could grab finger foods with his left hand and bring it to his mouth but with his right he had a hard time following through to his mouth. He tried to drink with his right hand. There was a lot I had to do for him...I do know he was blind, we use the clock method to tell residents where their food and drinks are on the table, he had a hard time listening to his own instructions, he would listen to other residents instructions and get confused...."</p> <p>On 1-27-15 at 4:05 P.M., an interview was conducted with RN (Registered Nurse) #6. RN #6 indicated "...I am the restorative nurse and I oversee the assisted section of the dining room at breakfast. I do remember the morning he spilled coffee on himself...I immediately</p>				<p>week for a period of 4 months, for a total audit period of six months. Director of Nursing, or her designee, will utilize the "Meal Service Audit" (Attachment F) to perform and document the preceding audit/supervision. Summary of Meal Service Audit Results will be reported to Quality Assurance/Performance Improvement (QAPI) committee monthly for a period of 6 months for review.</p>		

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	<p>brought him down to his unit and gave him to LPN #3 to assess...I did not know he was blind...I do not know how therapy assessed him for eating needs...he did not have a precautions card...and that info [assistance level] is not on their meal ticket....We do not get info or a report from therapy...."</p> <p>This Federal tag relates to Complaint IN00163088.</p> <p>3.1-45(a)(2)</p>						